

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34855

State File No.

BIRTH NO.		REG. DIST. NO. 144		PRIMARY REG. DIST. NO. 5562		Registrar's No. 29	
1. PLACE OF DEATH a. COUNTY Iron				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Iron			
b. CITY (If outside corporate limits, write RURAL and give township) Rural, Arcadia		c. LENGTH OF STAY (If in place) life		c. CITY (If outside corporate limits, write RURAL and give township) Rural, Arcadia		6470	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1/2 mile NE of Ironton				d. STREET ADDRESS (If rural, give location) 1/2 mi. NE of Ironton			
3. NAME OF DECEASED (Type or Print)		a. (First) JOHN		b. (Middle) WESLEY		c. (Last) WHITED	
4. DATE OF DEATH		Oct. 29		1952			
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Oct. 29 1872	
9. AGE (In years last birthday) 80		10. IF UNDER 1 YEAR Months 0 Days 0		11. IF UNDER 1 HRS. Hours 0 Min. 0		12. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer		10b. KIND OF BUSINESS OR INDUSTRY farm & timber		11. BIRTHPLACE (State or foreign country) Iron Co. Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Martha Jane Whited			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, in <input checked="" type="checkbox"/> unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Ed Whited, Ironton Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Regeneration ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		4222	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Oct 29, 1952, to Oct 30, 1952, that I last saw the deceased alive on Oct 29, 1952, and that death occurred at 8:00 P.M., from the causes and on the date stated above.							
23a. SIGNATURE J. H. McDaniel (Degree or title)		23b. ADDRESS Ironton, Mo.		23c. DATE SIGNED Oct 31, 1952			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 10-31-52		24c. NAME OF CEMETERY OR CREMATORY Cove Cemetery		24d. LOCATION (City, town, or county) Arcadia Missouri	
DATE REC'D BY LOCAL REG. 11-5-52		REGISTRAR'S SIGNATURE Mrs. Chris Jones		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS White Funeral Home, Ironton Mo.			

Licensed Embalmer's Statement on Reverse Side

U

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Donald J. White

Licensed Embalmer No. 3012

P. O. Address Trouton, Mo

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.